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TO: Examiner G. Dawson FROM: Raiford A. Blackstone, Reg. No. 25,156FAX NO: (571) 273-8300 FAX NO: (312) 704-8023*If you experience any difficulty with this transmission, please call (312) 704-1890 for assistance.***ORIGINAL COPY AND ENCLOSURES** WILL BE SENT BY MAIL COURIER ✓ WILL NOT BE SENT**NOTES:**

Inventor: Seakins et al.

For: BREATHING ASSISTANCE
APPARATUS

Serial No.: 10/686,460

Filed: October 15, 2003

Art Unit: 3731

Atty Docket No.: 1171/39624D/92D

CERTIFICATION OF FACSIMILE TRANSMISSIONI hereby certify that this paper is being facsimile transmitted to the Patent
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FORM PTO-1083

Case Docket No. 1171/3 3624D/92D

In re application of:

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Serial No.: 10/686,460

SEP 23 2005

Filed: October 15, 2003

For: BREATHING ASSISTANCE APPARATUS

Applicant: SEAKINS; THUDOR and SMITH

Attorney Docket No.: 1171/39624D/92D

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9/23/2005
DateTiffany E. Sexton
Tiffany E. SextonCOMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an "AMENDMENT" for the above-identified application.

The filing fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra
TOTAL	* 22	MINUS	** 24	0
INDEP.	* 1	MINUS	** 3	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

SMALL ENTITY	
Rate	Addit. Fee
x 25 =	\$.00
x 100 =	\$.00
+ 180 =	\$.00
TOTAL ADDIT. FEE	\$.00

OR

OTHER THAN A SMALL ENTITY	
Rate	Addit. Fee
x 10 =	\$.00
x 200 =	\$.00
+ 350 =	\$.00
TOTAL	\$.00

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- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
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The "Highest Number Previously Paid For" (Total or independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

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- ☐ A check in the amount of _____ to cover the filing fee is also enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 20-1495. A duplicate copy of this sheet is enclosed.
- ☒ Any filing fees required under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17

Dated: September 23, 2005

Raiford A. Blackstone, Jr.
Raiford A. Blackstone, Jr. Reg. No. 25,156
Linda L. Palomar, Reg. No. 37,903
Attorneys of Record

FORM PTO-1083

Case Docket No. 1171/39624D/92D

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 Filed: October 15, 2003
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x 25 =	\$.00
x 100 =	\$.00
+ 180 =	\$.00
TOTAL ADDIT. FEE	\$.00

OTHER THAN A SMALL ENTITY

Rate	Addit. Fee
x 50 =	\$.00
x 200 =	\$.00
+ 300 =	\$.00
TOTAL	\$.00

OR

OR

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Dated: September 23, 2005

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Linda L. Palomar, Reg. No. 37,903
 Attorneys of Record

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Applicant: SEAKINS, THUDOR)
and SMITH)
Filed: October 15, 2003)
For: BREATHING ASSISTANCE)
APPARATUS)
Examiner: G. DAWSON)
Art Unit: 3731)
Attorney Docket No.:)
1171/39624D/92D)

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I HEREBY CERTIFY THAT THIS PAPER IS BEING FACSIMILE
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Tiffany E. Sexton
TYPE OR PRINT NAME OF PERSON SIGNING CERTIFICATION
Tiffany E. Sexton 9/23/05
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SUPPLEMENTAL RESPONSE TO THE AMENDMENT DATED MAY 16, 2005

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is responsive to the Office Action dated August 23, 2004, having a period for
response set to expire on September 23, 2004.